# RECEIVED CENTRAL FAX CENTER

JUL 0 9 2004

# EXTENSION OF TERM

OF	F	C	AL
$\mathbf{v}$	1	. •	

3.	The proceedings	s herein are for a patent appl	ication and the provisio	ons of 37 C.F.R. 1.136			
	apply.	(complete (a) or (b), as applicable)					
	(a) A	pplicant petitions for an external (Fees: 37 C.F.R. 1.17(a)-(d)	ension of time under 37 for the total number of mo	C.F.R. 1.136 on the checked below:)			
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)			
		First month	\$ 110.00	\$ 55.00			
		Second month	\$ 420.00	\$ 210.00			
		Third month	\$ 950.00	\$ 475.00			
		Fourth month	\$1,480.00	\$ 740.00			
		Fifth month	\$2,010.00	\$1,005.00			
			Fee:	\$			

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of \_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

4.	THE IEE for clamps (2), OH 150 1112(2), (2))					OTHER THAN	
	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO- PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE PEE
		MINUS			x\$9= \$		x \$18 = \$
TOTAL INDEP.		MINUS			x \$43 = \$	!	x \$86 * \$
	FIRST PRESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+ \$145 = S		+ S290 ~ S
					TOTAL ADDITIONAL	OR	TOTAL ADDITIONAL
					FEE S		FEE \$

(a)	<u>X</u>	No additional fee for claims is required.
		OR

(b) \_\_\_\_ Total additional fee for claims required \$

# FEE PAYMENT

5.	 Attached is a check in the sum of S
	 Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.

#### FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

X If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. \_\_\_\_ Other:

Thomas M. Fisher Registration No. 47,564 ARMSTRONG TEASDALE LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102-2740 (314) 621-5070